



1365 E. 49th Place
Tulsa, OK 74105-4798

School of St. Mary

Phone (918) 749-9361
Fax (918) 712-9604

September 28, 2011

To E-Rate reviewers:

Our enrollment was 260 when we filed our 2011 E-Rate form 471#790359.

We do not use surveys to calculate our E-Rate discount level. We count only those students whose family income is below the income guidelines established by the USDA Food and Nutrition service of the 2010 school year.

All our students have access to application forms for our "needs based" financial aid; which requires more stringent documentation than NSLP eligibility.

Our financial aid applicants are required to supply Federal Tax returns to document their family income.

We have 26 students whose family incomes are below the income eligibility guidelines listed above.

Our 26 eligible students make up 10.000% of our enrollment, supporting our request for E-Rate funding at 40% discount level for 2011.

In addition to this letter, we attach one completed financial aid form, with personal information covered by a black marker, to confirm the level of information received.

We keep copies of all completed Financial Aid Applications on file.

"I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a, of Block 4 of the Form 471."

Respectfully,

Maurice Clements

-----, Principal



2010 Application

Grant & Aid Assessment

Tue Oct 11 10:14:16 CDT 2011

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Section 1: Applicant and Co-Applicant Information

I. APPLICANT INFORMATION: Parent or Guardian

Name	EMIGH	KELLEY	M
	Last	First	MI
Social Security #	*** - ** - 1244	Date of Birth	07 - 16 - 1965
		MM	DD YYYY
Mailing Address	4248 SOUTH DARLINGTON PLACE		
City	TULSA	State	OK Zip 74135 - 6327
County of Residence			
Daytime Phone #	918 - 607 - 2967	Evening Phone #	918 - 607 - 2967
	Ext.		Ext.
E-mail Address	KELLEYME2U@ATT.NET		
	Please check primary email address regularly for Notices sent by FACTS		
Secondary E-mail			

Current Marital Status:	<input type="radio"/> Married	(If current marital status is married, co-applicant information is required)	<input type="radio"/> Single	<input type="radio"/> Divorced	<input type="radio"/> Separated	<input type="radio"/> Widowed
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Employment Status:	<input type="radio"/> Full-Time	<input type="radio"/> Unemployed	Relationship to Student(s):	<input type="radio"/> Father	<input type="radio"/> Legal Guardian
	<input type="radio"/> Part-Time (less than 30 hours/week)	<input type="radio"/> Disabled		<input type="radio"/> Mother	<input type="radio"/> Grandfather
Select One	<input type="radio"/> Stay at Home (full-time family care)	<input type="radio"/> Retired	Select One	<input type="radio"/> Stepfather	<input type="radio"/> Grandmother
	<input type="radio"/> Self Employed	<input type="radio"/> Student		<input type="radio"/> Stepmother	<input type="radio"/> Other

Occupation		Employer	
*Place of Worship	CHURCH OF ST MARY	<input type="checkbox"/> I do not attend a place of worship.	
City	TULSA	State	OK Zip 74105 -
*Religious Affiliation	<input type="radio"/> Baptist <input type="radio"/> Catholic <input type="radio"/> Jewish <input type="radio"/> Lutheran <input type="radio"/> Muslim <input type="radio"/> Other Christian <input type="radio"/> Non-Christian		

II. CO-APPLICATION INFORMATION: Parent or Guardian (if applicable)

Name			
	Last	First	MI
Social Security Number		Date of Birth	
		Month	Day Year

Employment Status: <input type="radio"/> Full-Time <input type="radio"/> Part-Time (less than 30 hours/week) <input type="radio"/> Stay at Home (full-time family care) <input type="radio"/> Self Employed Select One	<input type="radio"/> Unemployed <input type="radio"/> Disabled <input type="radio"/> Retired <input type="radio"/> Student	Relationship to Student(s): <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Stepfather <input type="radio"/> Stepmother Select One	<input type="radio"/> Legal Guardian <input type="radio"/> Grandfather <input type="radio"/> Grandmother <input type="radio"/> Other
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Occupation Employer

*Religious Affiliation ☐ Baptist ☐ Catholic ☐ Jewish ☐ Lutheran ☐ Muslim ☐ Other Christian ☐ Non-Christian

Section 2: Student and School Information

Student and School Information:

Child's Name EMIGH, SPENCER, T

Child's Social Security No. ***-**-6982 Child's Date of Birth 03/11/1998 Annual Tuition \$4,000

Grade Entering (Fall 2010) 07 *Child's Gender Male How much do you estimate you and/or your spouse can pay toward this child's tuition annually? \$1,500

School Attending Fall 2010 SCHOOL OF SAINT MARY City TULSA State OK Zip 74105

*Child's Ethnic Background: CAUCASIAN

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments. \$1,000

Will this student be applying for a state-funded scholarship or voucher program? N

Section 3: Applicant and Co-Applicant Income Information

- Size of household: Number of adults living in this household. 1 Number of children living in this household. 2
- Do you file a federal income tax return? ☒ Yes, I file taxes. ☐ No, I do not file taxes.
- Does the co-applicant file a federal income tax return? ☒ Yes, files jointly with applicant. ☐ Yes, files separately from applicant. ☐ No, does not file.

Taxable Income:

- Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return. \$0
- If filing jointly or if there is not a co-applicant, enter "0". \$104,448
If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return.
- Do you own any of the following?
 - Business - (Form 1040 Line 12) Attach Schedule C or C-EZ and Form 4562 Depreciation and Amortization ☐ Yes ☒ No
 - Farm - (Form 1040 Line 18) Attach Schedule F and Form 4562 Depreciation and Amortization ☐ Yes ☒ No
 - Rental Property - (Form 1040 Line 17) Attach Schedule E (page 1) ☐ Yes ☒ No
 - S Corporation - (Form 1040 Line 17) Attach Schedule E (page 2), Form 1120S (4 pages), Schedule K-1, Form 8825 ☐ Yes ☒ No
 - Partnership - (Form 1040 Line 17) Attach Schedule E (page 2), Form 1065 (5 pages), Schedule K-1, Form 8825 ☐ Yes ☒ No
 - Estates and Trusts - (Form 1040 Line 17) Attach Schedule E (page 2), Form 1041 and Schedule K-1

☐ Yes ☒ No

***IMPORTANT:** If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your 2009 federal tax return.

Nontaxable Income:

7. Child support received.
8. Social Security benefits received that were not taxed, such as SSI.
9. Temporary Assistance for Needy Families (TANF).
10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC).
11. Food stamps.
12. Tuition support anticipated from friends/relatives/employer.
13. Workers' Compensation.
14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.).

Income is received: (select only one) If none, enter "0."

<input type="radio"/> Weekly	<input checked="" type="radio"/> Monthly	<input type="radio"/> Annually	\$486
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	\$0
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	\$0
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	\$0
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	\$0
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	\$0
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	\$0
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	\$0

Change of Income:

15. Do you anticipate a decrease in your 2010 household income?

☒ Yes ☐ No

If yes, complete the following questions:

15a. What do you anticipate your income to be for the coming year?

\$15,000

15b. What do you anticipate your spouse's income to be for the coming year?

\$0

15c. Your income will be reduced in the coming year for the following reason(s). (Select all that apply.)

Applicant:

- ☒ Unemployed or expect to be unemployed
- ☒ Will have reduced hours
- ☒ Plan to take a job at lower wage rate
- ☐ Exiting the work-force and plan to work in the home
- ☒ Filing for legal separation or divorce
- ☐ Plan to retire
- ☒ Medical reasons
- ☐ Death of a spouse
- ☐ Increase in family size
- ☒ Loss of alimony or spousal support
- ☐ Military reasons
- ☒ Other: NOJOBNEWDIVORCE

Co-applicant:

- ☐ Unemployed or expect to be unemployed
- ☐ Will have reduced hours
- ☐ Plan to take a job at lower wage rate
- ☐ Exiting the work-force and plan to work in the home
- ☐ Filing for legal separation or divorce
- ☐ Plan to retire
- ☐ Medical reasons
- ☐ Death of a spouse
- ☐ Increase in family size
- ☐ Loss of alimony or spousal support
- ☐ Military reasons
- ☐ Other: TAXESAREFATHERSINCOM

Section 4: Applicant and Co-Applicant Expense Information

Current MONTHLY Expenses:

Monthly Expenses

1. Do you rent or own your primary residence?

	<input type="radio"/> Rent <input checked="" type="radio"/> Own <input type="radio"/> Other
2. Monthly rent or mortgage payment. (Include principal, interest, taxes, and home insurance.)	\$739
3. Do you own a second home (not including rental property)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3a. If yes, what is the monthly mortgage payment on your second home (Include principal, interest, taxes, and home insurance)?	\$0
4. Monthly home equity loan payments.	\$125
5. Vehicle information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment.	
Make/Model Year Monthly Vehicle Payment	
No vehicles listed.	
6. Total credit card <u>debt</u> . (Do not include balances that are paid in full each month.)	\$31,500
7. Total of all minimum amounts due on monthly credit card statements.	\$934
8. Monthly student loan payments for family members no longer attending college.	\$0
9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or living expenses.)	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, please list below. Refer to instructions for examples.	
Creditor Monthly Loan Payment	
No monthly loan payments.	
10. Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.)	\$0
11. Monthly health insurance premiums paid directly to the insurance company. (Do NOT include premiums paid pre-tax through your employer via payroll deduction or premiums that are deducted on the tax return as self-employed health insurance deductions.)	\$0
Current ANNUAL Expenses:	
	Annual Expenses
12. Annual vehicle insurance expense.	\$1,200
13. Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples.	\$2,000
14. Charitable contributions--cash or checks--per year.	\$500
15. College Expenses	
15a. Number of family members attending college beginning in the Fall of 2010.	0
15b. Total amount of your family's out-of-pocket cost for college expected this year. (Total tuition less student loan proceeds, scholarships, grants and financial aid, and contribution expected from student earnings.)	\$0
16. Child/Day Care Expenses (Do not include preschool/prekindergarten expenses. This should be indicated in Section 2.)	
16a. Number of children for whom you pay child/day care expenses beginning in the fall of 2010.	0
16b. Total amount of child/day care expenses expected this year.	\$0
17. Elder Care Expenses	
17a. Number of people for whom you pay elder care expenses.	0
17b. Total amount of elder care expenses expected this year.	\$0

Section 5: Applicant and Co-Applicant Assets & Liabilities

1. Value of cash, savings, and/or checking accounts:	\$0
2. Value of stock, bond investments, mutual funds, and/or certificates of deposit:	\$0

- | | |
|--|-----------|
| 3. Value of retirement plan assets - 401(k), 403(b), and/or IRAs: | \$0 |
| 4. What is your and/or your spouse's annual contribution to retirement plan assets?: | \$0 |
| 5. If you own your home, the estimated value: | \$110,000 |
| 6. If you own your home, the amount you owe: | \$51,000 |
| 7. If you own a second home, the estimated value. Do not include rental property: | \$0 |
| 8. If you own a second home, the amount you owe: | \$0 |

Required Information and Section 6: Authorization

Payment of the nonrefundable application fee must be received in order to process your application.
Failure to submit payment with your application could result in you not receiving financial aid.

Payment:

Nonrefundable Application Fee: \$25.00

I authorize FACTS Grant & Aid Assessment to charge my credit card for the total amount listed above.

☐ MasterCard

☒ VISA

Credit Card Number *****4597

Expiration Date 01 11

Month(MM) Year(Y)

☐ Discover

☐ American Express

Terms and Conditions:

FACTS Grant & Aid Assessment provides financial aid analysis services to participating institutions. The educational institution granting aid is solely responsible for determining the final aid award. Submission of the application and payment of the fee does not guarantee receipt of financial aid. FACTS Grant & Aid assumes no liability whatsoever should financial aid be denied for any reason. The fee collected by FACTS Grant & Aid Assessment is to compensate for the financial aid assessment and advisory services provided by FACTS Grant & Aid Assessment to its educational institution clients.

Privacy and Security: Data collected and stored by FACTS pursuant to this application is considered the property of the participating institution. The data will not be used by FACTS in any manner not approved by the participating institution and will not be shared with any third parties without the prior consent of the institution unless requested by you. Access to the data shall be restricted except to the extent that FACTS associates must access the data to provide service to you or the institution. FACTS maintains physical, procedural, and electronic safeguards to protect data from being accessed by unauthorized third parties.

Authorization:

FACTS Grant & Aid Assessment is authorized to provide my (our) personal and financial information from whatever source derived to the educational institution(s) or their affiliates which are institutions to which I am (we are) eligible to apply for financial aid.

I (we) accept and agree to be bound by the terms and conditions listed above and acknowledge that the information provided on this form is true, correct, and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form and to disclose this information.

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